

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029244

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 278

STATE FILE NUMBER

FILED AUG 9 1963

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		c. CITY OR TOWN Hannibal Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital		d. STREET ADDRESS (If outside, give location) 1112 Walnut Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last RUTH E. WYATT		4. DATE OF DEATH Month Day Year July 27, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH August 21, 1894
9. AGE (last birthday) 68		10. IF UNDER 1 YEAR Month 11 Days 6 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Hannibal Missouri	
11. BIRTHPLACE (City and state or country) H S A		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME David Wade Fugate		13b. MOTHER'S MAIDEN NAME Miranda Scoggin	
14. NAME OF HUSBAND OR WIFE Edward J. Wyatt (Dec)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 		17. INFORMANT Address Arthur E. Palmer Jr. Wildwood Ill.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetic Coma - Intractable Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 	
20c. TIME OF INJURY Hour a.m. p.m. 	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 		20f. CITY, TOWN, OR LOCATION COUNTY STATE 	
21. I attended the deceased from 7-26-63 to 7-27-63 and last saw her alive on 7-27-63 Death occurred at 9:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Thomas J. L...		22b. ADDRESS Hannibal, Mo.	
22c. DATE SIGNED 7/29/63		22d. DATE SIGNED 	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/30/1963	23c. NAME OF CEMETERY OR CREMATORY Mount Olivet	23d. LOCATION (City, town, or county) Hannibal Missouri
24. FUNERAL DIRECTOR ADDRESS Smith Funeral Home Hannibal Missouri		25. DATE RECD. BY LOCAL REG. July 29, 1963	
26. REGISTRAR'S SIGNATURE St. E. M. Rucke by Lillian M. Herman			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300 Rev. 4/59	DATE AMENDED	
1 DL48		
2 DL48		
3		
4 1		
5 2		
6		
7 0		
8 2		
9 260X		
10		
11		
12 2-0		
13 1-0		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *H. Crawford Smith*

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit received 7/29/63